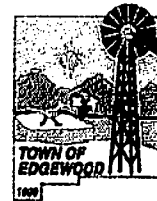


Town of Edgewood
P.O. Box 3610 – 1911 Old Highway 66
Edgewood, New Mexico 87015
(505) 286-4518 FAX (505) 286-4519
Website: www.edgewood-nm.gov



COMMERCIAL BUSINESS REGISTRATION/BUSINESS LICENSE*

**BUSINESS REGISTRATION/LICENSE RENEWALS ARE TO BE FILED ON OR BEFORE DECEMBER 31ST
OF EACH YEAR. ANNUAL FEE IS \$25.00.**

A separate Business Registration/License application form must be completed for each business. A separate business registration/license form should be completed for each location of a single business.

() INITIAL APPLICATION

() RENEWAL APPLICATION

APPLICANT INFORMATION

1. NAME OF APPLICANT: _____
2. ADDRESS (P.O. Box, Physical, City, State, Zip Code): _____

3. NAME OF BUSINESS: _____
4. DOING BUSINESS AS: _____
5. PHONE NO: _____ ALTERNATE NUMBER: _____ E-MAIL: _____
6. APPLICANT IS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____
 - A. For individual- name and address of owner: _____

 - B. For partnership – names and addresses of owners: _____

 - C. For corporation – names and addresses of Officers:
President: _____
Vice-President: _____
Secretary: _____
Treasurer: _____
7. NEW MEXICO TAXATION AND REVENUE DEPARTMENT CRS NUMBER: _____
8. ARE THERE ANY BUILDING MODIFICATIONS ANTICIPATED: _____

PROPERTY INFORMATION

PROPERTY OWNER NAME: _____
LEGAL DESCRIPTION: Township _____ N Range _____ E Section _____
STREET ADDRESS OF BUSINESS: _____
MAILING ADDRESS OF BUSINESS: _____
CONDITIONAL USE PERMIT REQUIRED? YES _____ NO _____

PLEASE DESCRIBE THE FOLLOWING

1. What business activities are involved? _____

2. What types of materials and equipment are to be used? _____

3. What methods of operation do you plan to follow? _____

4. What is the type of product to be produced, serviced or repaired? _____

5. Describe the amount, location and method of storage of supplies and/or equipment: _____

PLEASE ATTACH COPIES OF:

- Plat Map or Detailed Directional Map
- New Mexico State Licenses(s)
- State Corporation Commission Numbers
- State of Incorporation Documents
- All Applicable Permits

BUSINESS REGISTRATION FEES ARE NON-TRANSFERABLE. APPLICATION FOR BUSINESS REGISTRATION MUST BE MADE PRIOR TO THE OPENING OF THE BUSINESS.

The applicant is responsible for ensuring that his/her business complies with all relevant Federal, State and Local Regulations. Issuance of this Business Registration/License does not imply that such requirements have been met. Applicant hereby affirms that the statements and information on this application are TRUE and CORRECT to the best of his/her knowledge, information and belief. False information may be grounds for denial or revocation of your business registration/license.

APPLICANT SIGNATURE _____ DATE _____

***ALL APPLICATIONS FOR NEW BUSINESS WILL BE FORWARDED TO THE SANTA FE COUNTY FIRE MARSHALL FOR REVIEW, ACCEPTANCE OF THIS APPLICATION AND ITS FEE IS NOT A GUARANTEE OF LICENSE ISSUANCE.**

AMOUNT OF FEE: _____ ISSUED BY: _____ RECEIPT NUMBER: _____ DATE ISSUED: _____

PERMIT NUMBER: _____ LAND USE REVIEW: APPROVED _____ DENIED: _____

REASON FOR DENIAL: _____

FIRE HAZARD POTENTIAL: High _____ Medium _____ Low _____

STATE OF NEW MEXICO – TAXATION AND REVENUE DEPARTMENT

COMBINED REPORTING SYSTEM (CRS)

TAX COMPLIANCE AUTHORIZATION

A County or Municipality can use this authorization to determine if you are in compliance with your CRS reporting and payment requirements when applying for or renewing your business license. The County or Municipality will maintain your authorization on file.

Business Name: _____ NM CRS ID: _____

Name: _____ Last four of SSN or FEIN: _____

Mailing Address: _____ Type of Entity: _____

City, State, Zip Code: _____

E-Mail: (optional) _____

The above information is required to determine CRS compliance status online: <https://tap.state.nm.us/>

Hereby authorizes Estefanie Muller
(individual name)

Clerk-Treasurer
(title)

Of the Town of Edgewood, New Mexico to access my CRS compliance status.

I certify that I have the authority to execute this tax information authorization.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

If the account is NOT in compliance, it is due to one or more of the following:

- The New Mexico Tax ID is not active or
- The account has a liability or
- Payment plan is not current or
- Required CRS reports have not been filed.

New Mexico Taxation & Revenue Department:

- Albuquerque, NM (505) 841-6200
- Santa Fe, NM (505) 827-0951